

FREE OF CHARGE

Registration Form

Improving Stroke Care in Mississippi

April 24, 2006

Sponsored by:

Mississippi Stroke Systems of Care Planning Committee

Name: _____ Degree(s): _____

Hospital: _____ Department: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ Fax: _____

Email: _____

Improving Stroke Care Workshop
Location:
Mississippi Hospital Association
116 Woodgreen Place
Madison, MS 39110

Please send all registration forms to:

Melinda Smalley
570 E. Woodrow Wilson
PO Box 1700
Jackson, MS 39215-1700
Fax: 601-576-7444